



REQUEST FOR SUBDIVISION LOT RELEASE

Date:

To:

Via Fax (520) 879-8010 or Via _____

Please accept this as our written request for release from the Third Party Land Trust Agreement:

Subdivision Name:

Subdivision No. and Ward No.:

Trust No.:

**Recording information for
assurance agreement:**

Docket:

Page:

_____	_____
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Recording information for plat:

Book:

Page:

_____	_____
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**Mayor and Council Resolution Date
and Number:**

Date:

#:

_____	_____
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Title Company Requesting Release:

Trust Officer Name:

Beneficiary:

Lot(s) to be released:

Signed: _____

For City Staff Use Only:

Total percentage released including this release: _____

Were there substitute assurances: yes / no